ACE ADULT AND COMMUNITY EDUCATION

Application for Senior Citizen Hardship Waiver for ACE Classes

FAIRFAX COUNTY PUBLIC SCHOOLS

Fairfax County residents 62 years of age or older who suffer a financial hardship may apply for a full tuition waiver for certain Adult and Community Education (ACE) classes. This financial waiver:

- May be used for only one class per ACE term
- Is not given for ESOL classes or for certain career development classes, as specified in ***ACE Classes***.

Please complete the registration information. Birth date is collected to verify eligibility for the senior citizen discount and is not disclosed for any other purpose.

- All textbook and user fees must be paid by the student at registration. Payment can be made by check payable to "FCPS Adult Education" or by credit card.
- You can walk in to any registration center to register. Call 703-658-1267 for hours of operation and directions to our locations.
- Mail or fax (703-658-1275) registrations to:
  FCPS-ACE, Dept. A
  6815 Edsall Road
  Springfield, VA 22151
- Call 703-658-1201 if you have questions about the application process; applications are not accepted by phone.
- Attend your first class unless you are notified otherwise by Adult and Community Education.

Registration Information

I am requesting a senior citizen waiver for full tuition due to a financial hardship.

PRINT NAME _____ SIGNATURE _____ BIRTH DATE (MO/DAY/YR) _____

Course No.	Section No.	Start Date	Start Time	Course Title	Tuition Fee	Text Fees	User Fee	Total Fees
					$	$	$	$

☐ I am a first-time registrant ☐ male ☐ female ☐ Check if change of address **TOTAL** (pay this amount)

ACE Participant ID Number _____ FIRST NAME _____ MI _____ LAST NAME _____

STREET ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____ E-MAIL ADDRESS _____ ❑ Sign up for ACE classes e-mail updates.

PAYMENT METHOD (check one): ❑ MasterCard ❑ VISA ❑ Check (Make check payable to **FCPS ACE**.)

CARD NUMBER _____ EXPIRATION DATE (MONTH, YEAR) _____

CARDHOLDER'S SIGNATURE _____ PLEASE PRINT CARDHOLDER'S NAME CLEARLY (AS IT APPEARS ON CARD) _____

CARDHOLDER'S ADDRESS/PHONE NUMBER (IF DIFFERENT FROM ABOVE) _____